

EXHIBIT 14 I

**ESRD FACILITY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH PART II OF CMS-3427)**

Provider Number	Facility Name	Survey Date
-----------------	---------------	-------------

Survey Team Composition (V34)

SF 42: Indicate the number of surveyors according to discipline.

A. _____ Administrator	H. _____ Life Safety Code Spec.
B. _____ Nurse	I. _____ Laboratorian
C. _____ Dietitian	J. _____ Sanitarian
D. _____ Pharmacist	K. _____ Therapist
E. _____ Records Administrator	L. _____ Physician
F. _____ Social Worker	M. _____ Psychologist
G. _____ Qualified Mental Retardation Professional	N. _____ Other

NOTE: More than one discipline may be marked for surveyors qualified in multiple disciplines.

SF7: Indicate the total number of surveyors onsite: _____
